



King County Sheriff's Office Citizen Complaint Report

Please complete this form by typing or by printing clearly in blue or black ink.

1. Information About the Person Making the Complaint Report

We need this information so that we can contact you about your complaint.

REPORTING PERSON'S NAME	REPORTING PERSON'S DATE OF BIRTH
REPORTING PERSON'S ADDRESS (CITY, STATE, ZIP CODE)	
REPORTING PERSON'S HOME PHONE NUMBER ()	REPORTING PERSON'S WORK PHONE NUMBER ()

2. Information About the Incident

We need this information so that we can begin to investigate your complaint.

LOCATION: WHERE DID THE INCIDENT HAPPEN? PLEASE BE SPECIFIC.		
DATE THAT THE INCIDENT TOOK PLACE:	TIME THAT THE INCIDENT TOOK PLACE:	
THE NAME OF THE ACCUSED EMPLOYEE(S):		
SUMMARY OF WHAT HAPPENED:		
OTHER PEOPLE WHO WITNESSED THE INCIDENT (LIST ADDITIONAL WITNESSES ON BACK OR ON ANOTHER SHEET)		
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

3. Today's Date:

4. Mail this form to: King County Sheriff's Office
Internal Investigations Unit
516 3rd Avenue, Room W116
Seattle, WA 98104

Or email : iiu.sheriff@kingcounty.gov

TO BE COMPLETED BY A SUPERVISOR AND/OR IIU	
REPORT #:	ASSIGNED TO INVESTIGATOR: